



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

**REPORT OF EXPENDITURES, CONTRIBUTIONS  
AND SUBJECT AREAS**

(To be filed by organizations, employing organizations, others)

For lobbying reporting period:

- ☒ January 1 - last day of February  
☐ March 1 - April 30  
☐ May 1 - December 31

Name of contact person

CINDY ADAIR

Phone

599-2769

Name of organization

CONSUMER LAWYERS OF HAWAII

Mailing address

1088 BISHOP ST. #111  
HONOLULU, HI 96813

**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement period was: \$ 0

**EXPENDITURES**

| Category   | Total Amount | Category                | Total Amount |
|--|--------------|-------------------------|--------------|
| 1. Preparation & distribution of lobbying materials          | <u>0</u>     | 7. Entertainment        | <u>0</u>     |
| 2. Media advertising   | <u>0</u>     | 8. Food & beverages     | <u>0</u>     |
| 3. Telegraph, telephone and other forms of telecommunication | <u>0</u>     | 9. Gifts                | <u>0</u>     |
| 4. Postage   | <u>0</u>     | 10. Loans               | <u>0</u>     |
| 5. Compensation paid to lo lobbyists                         | <u>0</u>     | 11. Other disbursements | <u>0</u>     |
| 6. Fees (other than to lobbyists)                            | <u>0</u>     | TOTAL EXPENDITURES      | <u>0</u>     |

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

| Name | Address | Compensation paid |
|------|---------|-------------------|
|      |         |                   |
|      |         |                   |
|      |         |                   |
|      |         |                   |
|      |         |                   |
|      |         |                   |
|      |         |                   |

## EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

☐ This section is not applicable

☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                | NONE            |
|                |                 |
|                |                 |

## AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

☐ This section is not applicable

☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                | NONE            |
|                |                 |
|                |                 |

## PART II. CONTRIBUTIONS RECEIVED

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

☐ This section is not applicable

☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

| Name & Address | Amount or value |
|----------------|-----------------|
|                |                 |
|                |                 |
|                | NONE            |
|                |                 |
|                |                 |

## PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input checked="" type="checkbox"/> Labor & Employment                      | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |   |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Cindy Adair  
(Signature of authorized person)

5/21/03  
(Date)

Name of authorized person (type or print)

Title of authorized person

CINDY ADAIR  
EXECUTIVE DIRECTOR